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CONFIRMATION NO. 6618

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/783,723	02/20/2004	606	3733	1759.17207-FOR DIV 2
APPLICANTS Reynaldo A. Osorio, Daly City, CA; Marialulu Follmer, Santa Clara, CA; Richard W. Layne, Palo Alto, CA; Ryan P. Boucher, San Francisco, CA; Karen D. Talmadge, Palo Alto, CA; Joseph J. Basista, Mountain View, CA;				
** CONTINUING DATA ***** <i>OK FCC</i> This application is a DIV of 09/827,260 04/05/2001 PAT 6,726,691 which claims benefit of 60/194,685 04/05/2000 ABN <i>OK FCC</i> and is a CIP of 09/134,323 08/14/1998 PAT 6,241,734				
** FOREIGN APPLICATIONS ***** <i>None FCC</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/14/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 22	TOTAL CLAIMS 5
ADDRESS 26308		INDEPENDENT CLAIMS 1		
TITLE Methods and devices for treating fractured and/or diseased bone				
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	